

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09781153</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">02-17-01</div>					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\						51						
2		\					52						
3		\					53						
4		\					54						
5		\					55						
6		\					56						
7		\					57						
8		\					58						
9		\					59						
10		\					60						
11		\					61						
12		\					62						
13		\					63						
14		\					64						
15		\					65						
16		\					66						
17		\					67						
18	\						68						
19	\						69						
20		\					70						
21		\					71						
22		\					72						
23		\					73						
24		\					74						
25	\						75						
26	\						76						
27		\					77						
28		\					78						
29		\					79						
30		\					80						
31		\					81						
32		\					82						
33		\					83						
34	\						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						